

Residential Unit Meeting Minutes

Date of Meeting: 11/4/21

Bed Hold Reminder – Whitney Vowels of DCS

- Reminder was given to the provider staff to only use the paper invoice process for bed holds. Please do not request that POs/FCMS enter ICPRs to cover bed holds for child/youth. We are seeing some of this occur. We need to make sure we're following the established process with paper invoicing for these so that the system accurately reflects youth locations/placements.
- DCS will insert the instructions for the proper invoicing process for bed holds into these minutes.
- Residential minutes are placed on the DCS Placement page on the website monthly. They are typically posted within the week following the meeting.

High Acuity Youth with no placement options:

- DCS is struggling to find foster homes, treatment, and placement options for high acuity youth statewide. This is being experienced by other states also. Have you researched what other states are doing and can offer some information? Please contact Crystal Whitis of DCS at crystal.whitis@dcs.in.gov with ideas, thoughts regarding this problem.

Response from Tom Lemke (Carmelite):

Some youth do not cooperate with behavioral intervention and resist both emotionally/physically with attempts to be admitted into residential care.

In the past, Juvenile Detention Centers located in various counties were used for care and ESC.

Suggestion from Mike at Bashor: To consider to again use existing facilities with physical space for the temporary housing of youth as an alternative to youth in the DCS offices. This will provide protection/safety for the youth in a safer environment than the office and FCMs would provide the supervision.

Response from Ann Davis (IARCA):

Ann asked if youth are being placed out of state and why?

Ruth Sobieralski (DCS Clinical Consultant Director) responded the youth being placed out of state right now, typically have high levels of suicidal ideation, extreme aggression, runaway, self-harm behaviors and problem sexual behaviors.

Ann Davis also asked why the Background Checks are a struggle to receive in timely manner, therefore new hires go to a job where they can work sooner. Tina Stone (Columbus Behavior Center) has seen a 2 month delay for some background checks.

Response from Campagna (Nancy):

Campagna is using 16 nurses in their milieu, and this is helping address the acuity issues with youth. However, there is a lack of applicants for the positions. Working to adhere to staff ratio requirements in doing so.

Response from Clark County Youth Center:

Clark County Youth Center is fully staffed, but there needs to be 5 extra staff to do the 1:1 ratio and this is not a possible reality for the this agency due to the small size of their program.

The question was prompted regarding interventions are possible beside the 1:1, or 2:1 ratio to address the high acuity levels of youth currently. Are there other things that can be put in place or utilized that do not require additional staff that agencies do not have right now?

Response from unknown provider:

Providers need increased fiduciary support to manifest creative solutions for their clients. It is evident how the economy has given people freedom to seek work from a variety of jobs.

Please send any thoughts or suggestions to Whitney.Vowels@dcs.in.gov or Crystal.Whitis@dcs.in.gov

DCS Policy Chapter 17- Residential Licensing Policies - Blake Hudson:

Parts of DCS Policy Chapter 17: Residential Licensing are now finalized and live on the DCS website. Creating Residential Licensing policy has been a large undertaking for this team over the past year or so. The finalized policies were all presented during one of the External Policy Review Group meetings that many residential providers participated in. We thank you for that collaboration and feedback and invite you to take a look at the revised policies.

Refer to end of minutes for a listing of all pertinent links.

Aftercare – Crystal Whitis:

- Reminder was given that contact with family and youth once a month is the expected requirement. Regarding the CFT meetings: the requirement is to hold one CFT meeting monthly.
- The dilemma involves the fact that the level of services in the home at the point of discharge, determines the aftercare structure. Currently, agencies are seeing

parents/FCMs being unreceptive and uncooperative with Aftercare services. One provider noted the courts closed the case due there being too many providers in the home.

- Reminder was given that Aftercare is required to continue for six (6) months after discharge from residential care, per FFPSA legislation.
- If a case is closed by the court, Aftercare services are not required to continue.
- DCS is continuing to work with Field and Probation departments to increase understanding of Aftercare services and the importance.
- Important to take the struggles regarding Aftercare to the CFTMs to discuss other options. Examine the closing of a case at CFTM and the referral source using a case-by-case basis.
- There is no need for providers to see the family after the case closes, but the provider staff are welcome to continue contact.
- If there is a struggle with FCMs or another referral source, please escalate that concern within the local office hierarchy. If there are still struggles after following hierarchy, then contact Residential Licensing Specialist, DCS Clinician, Probation Service Consultants, etc.
- If the FCM or Foster Parent does not cooperate with Aftercare, then conduct a CFT Meeting and/or escalate the problem up to divisional management staff. Also it is appropriate to send case name to Clinical Consultant (for DCS youth) and see if the Clinical Consultant is involved. Clinical Consultants can assist with support and education to field regarding Aftercare services if needed.
- Aftercare can be as little or large as the provider sees is appropriate, based on youth's individualized needs. Aftercare can involve a simple check-in with family/youth to ensure they are okay and that follow-through is occurring with the discharge and aftercare recommendations from the residential agency. It can also be more complex and detailed, if that is warranted for the youth.
- Some providers are concerned over how well they should document Aftercare measures to prevent substandard audits. DCS responded that providers over time will become comfortable with comprehensive coordination with their clients.
- Suggestion was made to conduct regular calls with Crystal Whitis (DCS)/provider to discuss particulars of Aftercare rollout. DCS will follow up with the suggestion.
- Some updates have been made to the Aftercare Addendum posted on the Placement page of the DCS website.

Listing of Links provided during meeting:

1. Residential Licensing Inbox: residential.licensing@dcs.in.gov
2. Website for monthly Residential Meeting Minutes:
3. DCS Policy: Chapter 17 – Residential Licensing
<https://www.in.gov/dcs/policies/Child-Welfare-policies/chapter-17-residential-licensing/>

4. For Probation Youth, the JJIS can help encourage Aftercare services:
https://www.in.gov/dcs/files/Probation_Service_Consultants_Map.pdf
5. Regional Manager Map:
https://www.in.gov/dcs/files/Regional_Managers_Directory_Map.pdf
6. Clinical Consultant Map:
http://www.in.gov.sharepoint.com/:b:/r/sites/DCSCCommunity/Clinical%20services/Clinical_Services_Specialist.map.pdf?csf=1&web=1&e=ohoh4V
7. Regional Managers emails link:
https://www.in.gov/dcs/overview/regional_managers_and_assistant_deputy_directors_of_field_operations/

Next Residential meeting is 12/2/21 from 2 to 3pm Eastern Time.